



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Erie Indemnity Company PAC-Federal**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		147313.68
(b) Cash on Hand at Beginning of Reporting Period.....	186067.52	
(c) Total Receipts (from Line 19) .....	21928.79	65832.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	207996.31	213146.31
7. Total Disbursements (from Line 31).....	28750.00	33900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	179246.31	179246.31
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Erie Indemnity Company PAC-Federal**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19450.64	53293.16
(ii) Unitemized .....	2478.15	12539.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21928.79	65832.63
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	21928.79	65832.63
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	21928.79	65832.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21928.79	65832.63

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	22500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	11250.00	11400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28750.00	33900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28750.00	33900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	21928.79	65832.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21928.79	65832.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A. Glen Douglas Walton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 ROSS ST  
 City ELKTON State MD Zip Code 21921-6114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erie Insurance Group Occupation Property Claims Reinspector  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.49

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39009106063**  
 Amount of Each Receipt this Period 68.30  
 P/R Deduction (\$15.84 Monthly)

**B. Brian W. Bolash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6215 BRANDY RUN  
 City FAIRVIEW State PA Zip Code 16415-3307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erie Insurance Group Occupation Asst Secy & Sr Counsel-Corp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.90

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39009286063**  
 Amount of Each Receipt this Period 134.61  
 P/R Deduction (\$38.46 Monthly)

**C. Karen A. Rugare**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 E 37TH ST  
 City ERIE State PA Zip Code 16504-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erie Insurance Group Occupation VP, Strategic Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39010246063**  
 Amount of Each Receipt this Period 210.00  
 P/R Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	412.91
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A. Danielle M. Hermann**  
Full Name (Last, First, Middle Initial)

Mailing Address 7335 APPLETON CT

City State Zip Code  
FAIRVIEW PA 16415-3301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group Dir, Strategic Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **228.45**

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR39010256063**

Amount of Each Receipt this Period  
**80.64**

P/R Deduction (\$23.04 Monthly)

**B. Kathleen Felong Pietrusinski**  
Full Name (Last, First, Middle Initial)

Mailing Address 4316 TROON AVE

City State Zip Code  
ERIE PA 16506-3656

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group VP, Strategic Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **236.26**

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR39010276063**

Amount of Each Receipt this Period  
**84.99**

P/R Deduction (\$25.22 Monthly)

**C. James P. Stoik**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 NIAGARA PIER

City State Zip Code  
ERIE PA 16507-2305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group VP, Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **852.55**

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR39010426063**

Amount of Each Receipt this Period  
**300.58**

P/R Deduction (\$85.88 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **466.21**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A. Sean D. Dugan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4204 TRASK AVE

City State Zip Code  
ERIE PA 16508-3142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group VP, Recruiting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
431.68

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR39010946063**

Amount of Each Receipt this Period  
126.00

P/R Deduction (\$36.00 Monthly)

**B. William D. Gheres**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 MADELINE DR

City State Zip Code  
EDINBORO PA 16412-2764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group Dir, Retirement Planning & Adm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.40

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR39018106063**

Amount of Each Receipt this Period  
92.61

P/R Deduction (\$26.46 Monthly)

**C. Andrew G. Putnam**  
Full Name (Last, First, Middle Initial)

Mailing Address 1722 GRIST MILL DR

City State Zip Code  
NORTH EAST PA 16428-2940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group SM-Technology Deployment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
298.65

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR39018116063**

Amount of Each Receipt this Period  
190.05

P/R Deduction (\$54.30 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)  
**A. Robert W McNutt**

Mailing Address 5452 MYSTIC RDG

City ERIE	State PA	Zip Code 16506-7036
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FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group	Occupation VP & Treasurer
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1140.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR39018206063**

Amount of Each Receipt this Period  
420.00

P/R Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Joseph M. Vahey**

Mailing Address 7065 SANDY TRL

City ERIE	State PA	Zip Code 16510-5963
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group	Occupation VP & Product Manager (Prsl)
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR39018456063**

Amount of Each Receipt this Period  
420.00

P/R Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Christine L. Lucas**

Mailing Address 2152 LORWOOD DR

City ERIE	State PA	Zip Code 16510-6324
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group	Occupation VP & Product Manager (Cmrl)
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR39018486063**

Amount of Each Receipt this Period  
105.00

P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	945.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)  
**A. Patrick D Hesidence**  
 Mailing Address 2400 GLORY DR  
 City State Zip Code  
 WATERFORD PA 16441-5404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Erie Insurance Group VP, Billing  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39018496063**  
 Amount of Each Receipt this Period  
 111.30  
 P/R Deduction (\$31.80 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Sheryl A Rucker**  
 Mailing Address 3500 DUNN VALLEY RD  
 City State Zip Code  
 ERIE PA 16509-4310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Erie Insurance Group Sr Counsel-Insurance Oprs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1498.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39018536063**  
 Amount of Each Receipt this Period  
 528.29  
 P/R Deduction (\$150.94 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Damien C Josefiak**  
 Mailing Address 11114 BOTHWELL ST  
 City State Zip Code  
 RICHMOND VA 23233-2261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Erie Insurance Group Field Govt Relations Spct  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39018896063**  
 Amount of Each Receipt this Period  
 84.00  
 P/R Deduction (\$24.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 723.59  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A. Belinda J Rogers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 658 W 6TH ST  
City ERIE State PA Zip Code 16507-1173  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Erie Insurance Group Occupation Counsel I  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **352.12**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR39019056063**  
Amount of Each Receipt this Period **146.02**  
P/R Deduction (\$41.72 Monthly)

**B. Sue A. Pfadt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5811 SOUTHLAND DR  
City ERIE State PA Zip Code 16509-7817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Erie Insurance Group Occupation Counsel II  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR39019126063**  
Amount of Each Receipt this Period **140.00**  
P/R Deduction (\$40.00 Monthly)

**C. Bridget H. Schoenig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5122 ROBINHOOD LN  
City ERIE State PA Zip Code 16509-2561  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Erie Insurance Group Occupation Sr Counsel-Insurance Oprs  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR39019136063**  
Amount of Each Receipt this Period **175.00**  
P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **461.02**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A. David R Glod**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4902 REESE RD  
City ERIE State PA Zip Code 16510-4304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Erie Insurance Group Occupation VP & Sr Portfolio Mgr, Fxd Inc  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39020506063**  
Amount of Each Receipt this Period 315.00  
P/R Deduction (\$90.00 Monthly)

**B. Patrick J. McMichael**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2007 SOULI DR  
City GREENSBURG State PA Zip Code 15601-9056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Erie Insurance Group Occupation Litigation Claims Supervisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 385.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39020666063**  
Amount of Each Receipt this Period 134.75  
P/R Deduction (\$38.50 Monthly)

**C. Melvin L. Hirst**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5820 FOREST XING  
City ERIE State PA Zip Code 16506-7004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Erie Insurance Group Occupation VP, Sales Promotion & Agcy Rel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39020756063**  
Amount of Each Receipt this Period 280.00  
P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 729.75  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A. Deborah S. Masi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3012 MADEIRA DR  
City ERIE State PA Zip Code 16506-1732  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Erie Insurance Group Occupation VP & Branch Manager IV  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 281.38

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR3902080603**  
Amount of Each Receipt this Period 179.06  
P/R Deduction (\$51.16 Monthly)

**B. Kathy L. Tesore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8740 PEPPER RD  
City FAIRVIEW State PA Zip Code 16415-2917  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Erie Insurance Group Occupation Dir, External Investments  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 261.58

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39021306063**  
Amount of Each Receipt this Period 92.75  
P/R Deduction (\$26.50 Monthly)

**C. Diane M Stamatelatos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12147 JAMES JACK LN  
City CHARLOTTE State NC Zip Code 28277-3752  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Erie Insurance Group Occupation VP, Strategic Marketing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39021586063**  
Amount of Each Receipt this Period 245.00  
P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 516.81  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A. David L Bauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1963 ROCK CRK  
 City AKRON State OH Zip Code 44333-4753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erie Insurance Group Occupation VP, Field Life Sales Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39023116063**  
 Amount of Each Receipt this Period 350.00  
 P/R Deduction (\$100.00 Monthly)

**B. Stephen J. Habursky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 E 37TH ST  
 City ERIE State PA Zip Code 16504-1618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erie Insurance Group Occupation Dir, Commercial Prcs Oprs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.85

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39023136063**  
 Amount of Each Receipt this Period 70.98  
 P/R Deduction (\$20.28 Monthly)

**C. Gary D. Veshecco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 845 W TOWNHALL RD  
 City WATERFORD State PA Zip Code 16441-4131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erie Insurance Group Occupation SVP, Law & Privacy Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39023226063**  
 Amount of Each Receipt this Period 700.00  
 P/R Deduction (\$200.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1120.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)  
**A. James K Harvey**

Mailing Address 3917 BEECH AVE

City State Zip Code  
 ERIE PA 16508-3114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Erie Insurance Group Sr Talent Management Cons

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 453.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39023426063**

Amount of Each Receipt this Period  
 159.81

P/R Deduction (\$45.66 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Christopher J. Zimmer**

Mailing Address 9262 HAMOT RD

City State Zip Code  
 WATERFORD PA 16441-2738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Erie Insurance Group SVP, Field Claims

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 918.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39024246063**

Amount of Each Receipt this Period  
 323.82

P/R Deduction (\$92.52 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Mark Dombrowski**

Mailing Address 4361 COOPER RD

City State Zip Code  
 ERIE PA 16510-6621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Erie Insurance Group VP, Government Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39024336063**

Amount of Each Receipt this Period  
 175.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **658.63**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial) <b>A. Karen A. Kraus Phillips</b>			Date of Receipt 09 / 30 / 2013 <b>Transaction ID : PR39024496063</b>
Mailing Address 611 VIRGINIA AVE			Amount of Each Receipt this Period 260.26
City ERIE	State PA	Zip Code 16505-4611	P/R Deduction (\$74.36 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Erie Insurance Group	Occupation VP, Corporate Marketing Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 743.60	

Full Name (Last, First, Middle Initial) <b>B. Shawn C Cummings</b>			Date of Receipt 09 / 30 / 2013 <b>Transaction ID : PR39024506063</b>
Mailing Address 1844 BUXTON WAY			Amount of Each Receipt this Period 324.03
City BURLINGTON	State NC	Zip Code 27215-9435	P/R Deduction (\$92.58 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Erie Insurance Group	Occupation Dir, Strategic Agency Invstmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 799.56	

Full Name (Last, First, Middle Initial) <b>C. David C Katovich</b>			Date of Receipt 09 / 30 / 2013 <b>Transaction ID : PR39024576063</b>
Mailing Address 4325 STONE CREEK DR			Amount of Each Receipt this Period 215.04
City ERIE	State PA	Zip Code 16506-7041	P/R Deduction (\$61.44 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Erie Insurance Group	Occupation VP, Life Undw & Product Admn		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 608.15	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	799.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial) <b>A. Theresa M. Gamble</b>			Date of Receipt 09 / 30 / 2013 <b>Transaction ID : PR39025056063</b>
Mailing Address 1049 W 24TH ST			Amount of Each Receipt this Period 105.00
City ERIE	State PA	Zip Code 16502-2424	P/R Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Occupation Dir, Compliance Operations	
Name of Employer Erie Insurance Group	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Jeffrey W. Brinling</b>			Date of Receipt 09 / 30 / 2013 <b>Transaction ID : PR39025096063</b>
Mailing Address 5603 STONERIDGE DR			Amount of Each Receipt this Period 343.00
City FAIRVIEW	State PA	Zip Code 16415-2243	P/R Deduction (\$98.00 Monthly)
FEC ID number of contributing federal political committee. C		Occupation SVP, Learning & Development	
Name of Employer Erie Insurance Group	Aggregate Year-to-Date 980.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Richard F Burt Jr.</b>			Date of Receipt 09 / 30 / 2013 <b>Transaction ID : PR39025156063</b>
Mailing Address 3710 VOLKMAN RD			Amount of Each Receipt this Period 1076.95
City ERIE	State PA	Zip Code 16506-4759	P/R Deduction (\$307.70 Monthly)
FEC ID number of contributing federal political committee. C		Occupation EVP, Products	
Name of Employer Erie Insurance Group	Aggregate Year-to-Date 1494.65		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1524.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A. Christina M. Marsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 245 GATEWAY DR

City FAIRVIEW State PA Zip Code 16415-1639

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation SVP, Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2013  
Transaction ID : PR39025166063

Amount of Each Receipt this Period 350.00

P/R Deduction (\$100.00 Monthly)

**B. Michael A Plazony**  
Full Name (Last, First, Middle Initial)

Mailing Address 5500 STONERIDGE DR

City FAIRVIEW State PA Zip Code 16415-2240

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation SVP, Life

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 09 / 30 / 2013  
Transaction ID : PR39025176063

Amount of Each Receipt this Period 364.00

P/R Deduction (\$104.00 Monthly)

**C. Lorianne Feltz**  
Full Name (Last, First, Middle Initial)

Mailing Address 6418 FIELD VALLEY LN

City FAIRVIEW State PA Zip Code 16415-1725

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation SVP, Customer Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2013  
Transaction ID : PR39025186063

Amount of Each Receipt this Period 280.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 994.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)  
**A. Gregory J. Gutting**

Mailing Address 529 SYBIL DR

City State Zip Code  
ERIE PA 16505-2151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group SVP, Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1902.50

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR39025226063**

Amount of Each Receipt this Period  
673.89

P/R Deduction (\$192.54 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Timothy G. NeCastro**

Mailing Address 6146 SCIOTO CT

City State Zip Code  
FAIRVIEW PA 16415-3276

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group SVP, Regional Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR39025346063**

Amount of Each Receipt this Period  
175.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Ann H Zaprazny**

Mailing Address 93 JACOBS CREEK DR

City State Zip Code  
HERSHEY PA 17033-8915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group SVP, Regional Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR39025376063**

Amount of Each Receipt this Period  
350.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1198.89

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A. Marcia A Dall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4891 EQUESTRIAN DR  
City ERIE State PA Zip Code 16506-6617  
FEC ID number of contributing federal political committee. C  
Name of Employer Erie Insurance Group Occupation EVP & Chief Financial Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 3077.00

Date of Receipt 09 / 30 / 2013  
Transaction ID : PR39025426063  
Amount of Each Receipt this Period 1076.95  
P/R Deduction (\$307.70 Monthly)

**B. John F Kearns**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5804 WIND CHIME LN  
City FAIRVIEW State PA Zip Code 16415-3249  
FEC ID number of contributing federal political committee. C  
Name of Employer Erie Insurance Group Occupation EVP, Sales & Marketing  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 3080.00

Date of Receipt 09 / 30 / 2013  
Transaction ID : PR39025436063  
Amount of Each Receipt this Period 1078.00  
P/R Deduction (\$308.00 Monthly)

**C. Gregory C. Page**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8780 MARTHA WAY  
City WATERFORD State PA Zip Code 16441-4066  
FEC ID number of contributing federal political committee. C  
Name of Employer Erie Insurance Group Occupation VP & Regional Claims Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 09 / 30 / 2013  
Transaction ID : PR39025536063  
Amount of Each Receipt this Period 210.00  
P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... 2364.95  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A. Patrick J. Burns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8391 SUN LAKE DR  
 City GIRARD State PA Zip Code 16417-7013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erie Insurance Group Occupation VP & Regional Claims Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39025546063**  
 Amount of Each Receipt this Period 490.00  
 P/R Deduction (\$140.00 Monthly)

**B. Matthew W. Myers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6515 HONEY LN  
 City ERIE State PA Zip Code 16509-4879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erie Insurance Group Occupation SVP, Corporate Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39025556063**  
 Amount of Each Receipt this Period 525.00  
 P/R Deduction (\$150.00 Monthly)

**C. Richard Holmgren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 162 E 35TH ST  
 City ERIE State PA Zip Code 16504-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erie Insurance Group Occupation VP, Creative Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR39025576063**  
 Amount of Each Receipt this Period 140.00  
 P/R Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1155.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A. Erin E Siegrist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 HUNTERS RIDGE DR  
 City State Zip Code  
 ERIE PA 16510-6322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Erie Insurance Group Director, Benefits  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39025616063**  
 Amount of Each Receipt this Period  
 140.00  
 P/R Deduction (\$40.00 Monthly)

**B. Kristopher C. Marrion**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 BRIARBURN LN  
 City State Zip Code  
 HOLLY SPRINGS NC 27540-7733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Erie Insurance Group VP & Branch Manager IV  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 243.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39025656063**  
 Amount of Each Receipt this Period  
 86.17  
 P/R Deduction (\$24.62 Monthly)

**C. Joseph M. Wilkerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2541 PISCES CT  
 City State Zip Code  
 DUBLIN OH 43016-9039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Erie Insurance Group VP, Field Cmrl Sales Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39025676063**  
 Amount of Each Receipt this Period  
 82.81  
 P/R Deduction (\$23.66 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	308.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)  
**A. Raymond T. Cogan**

Mailing Address 6743 BURNSIDE LN

City State Zip Code  
DUBLIN OH 43016-8015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group VP & Branch Manager III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39025686063**

Amount of Each Receipt this Period  
90.72

P/R Deduction (\$25.92 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Mark K. Banks**

Mailing Address 5123 FLINTLOCK LN

City State Zip Code  
ROANOKE VA 24018-8711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group VP & Branch Manager IV

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39025726063**

Amount of Each Receipt this Period  
280.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Douglas N. Fitzgerald**

Mailing Address 2311 WEDGEWOOD WAY

City State Zip Code  
YORK PA 17408-9464

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Erie Insurance Group VP & Branch Manager IV

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR39025746063**

Amount of Each Receipt this Period  
134.75

P/R Deduction (\$38.50 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 505.47

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial) <b>A. Cheryl L. Mitchell</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 4315 ALISON AVE			<b>Transaction ID : PR39026496063</b>
City ERIE	State PA	Zip Code 16506-6165	Amount of Each Receipt this Period 252.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$72.00 Monthly)	
Name of Employer Erie Insurance Group	Occupation VP, Workplace Services	Aggregate Year-to-Date 252.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ryszard Krysiak</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 3 DICK DR			<b>Transaction ID : PR39029496063</b>
City MERRIMACK	State NH	Zip Code 03054-3058	Amount of Each Receipt this Period 149.38
FEC ID number of contributing federal political committee. C		P/R Deduction (\$42.20 Monthly)	
Name of Employer Erie Insurance Group	Occupation IT Project Manager I	Aggregate Year-to-Date 443.45	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Andrew M Erman</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 3693 VOLKMAN RD			<b>Transaction ID : PR42910806063</b>
City ERIE	State PA	Zip Code 16506-4767	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)	
Name of Employer Erie Insurance Group	Occupation VP & Chief Life Actuary	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	751.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)  
**A. Brian Downs**  
 Mailing Address 131 Elden Street, Ste. 300  
 City State Zip Code  
 Herndon VA 20170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Downs & Associates Inc., Downs & Associates  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR42910846063**  
 Amount of Each Receipt this Period  
 75.00  
 P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. William N Herr Jr.**  
 Mailing Address 3450 TANAGER DR  
 City State Zip Code  
 ERIE PA 16506-1156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Erie Insurance Group VP, Corporate Actuarial  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1424.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR43125486063**  
 Amount of Each Receipt this Period  
 499.66  
 P/R Deduction (\$142.76 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Bradley G Postema**  
 Mailing Address 5701 DOBLER RD  
 City State Zip Code  
 GIRARD PA 16417-8768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Erie Insurance Group SVP & Chief Investment Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2198.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR44411596063**  
 Amount of Each Receipt this Period  
 777.00  
 P/R Deduction (\$222.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1351.66  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial) <b>A. Shane T Wohlrabe</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR49163556063</b>
Mailing Address 406 VERMONT AVE		Amount of Each Receipt this Period 100.52
City ERIE	State PA	Zip Code 16505-2336
FEC ID number of contributing federal political committee. C	Name of Employer Erie Insurance Group	
Occupation VP, Medical Management		P/R Deduction (\$28.72 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.10	

Full Name (Last, First, Middle Initial) <b>B. Robert C Ingram III</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR49164866063</b>
Mailing Address 1324 S SHORE DR APT 707		Amount of Each Receipt this Period 1076.95
City ERIE	State PA	Zip Code 16505-2540
FEC ID number of contributing federal political committee. C	Name of Employer Erie Insurance Group	
Occupation EVP & Chief Information Ofcr		P/R Deduction (\$307.70 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2012.86	

Full Name (Last, First, Middle Initial) <b>C. Bradley C. Eastwood</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR56879916063</b>
Mailing Address 600 RIDGEVIEW DR		Amount of Each Receipt this Period 201.95
City ERIE	State PA	Zip Code 16505-1056
FEC ID number of contributing federal political committee. C	Name of Employer Erie Insurance Group	
Occupation SVP, Actuarial & Chief Actuary		P/R Deduction (\$57.70 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.95	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1379.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

**A.** Full Name (Last, First, Middle Initial)  
**Ruben F. Fechner**

Mailing Address 141 WESTERLY TER

City State Zip Code  
 HARTFORD CT 06105-1118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Erie Insurance Group SVP, Information Technology

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 961.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : PR56879926063**

Amount of Each Receipt this Period  
 673.05

P/R Deduction (\$192.30 Monthly)

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	673.05
<b>TOTAL</b> This Period (last page this line number only).....▶	19450.64



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. IPAC**

Mailing Address 201 North Illinois Street  
Suite 1410

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 01 / 2013

**Transaction ID : 5092783**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. InsurPAC**

Mailing Address 127 South Payton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 01 / 2013

**Transaction ID : 5092786**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
**Sen. Rob Portman**

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 23 / 2013

**Transaction ID : 5270339**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Friends Of Pat Toomey**

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement

011

Candidate Name

**Sen. Pat Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2013

**Transaction ID : 5270343**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

500.00

**TOTAL** This Period (last page this line number only)..... ▶

17500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. OIIPAC**

Mailing Address 172 East State Street  
Suite 201

City Columbus State OH Zip Code 43215-4321

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 5092781**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. NYIAPAC**

Mailing Address 130 Washington Ave

City Albany State NY Zip Code 12210

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 5092785**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Citizens to Elect John Patrick Carney**

Mailing Address 357 East Torrence Road

City Columbus State OH Zip Code 43214

Purpose of Disbursement  
John Carney, STATE HOUSE 22nd OH

Candidate Name

**OH Rep. John Carney**

Office Sought:  House  Senate  President  
State: OH District: 22

Disbursement For: 2013  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 5188879**

Amount of Each Disbursement this Period

John Carney, STATE HOUSE 22nd OH

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Hoosiers for Holdman**

Mailing Address 7617 West Jefferson Blvd

City Ft. Wayne State IN Zip Code 46804

Purpose of Disbursement  
, STATE SENATE IN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 5270306**

Amount of Each Disbursement this Period

, STATE SENATE IN

Full Name (Last, First, Middle Initial)

**B. Friends of Doug Eckerty**

Mailing Address P.O. Box 55

City Yorktown State IN Zip Code 47396

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 5270307**

Amount of Each Disbursement this Period

, STATE HOUSE IN

Full Name (Last, First, Middle Initial)

**C. Allen Paul for State Senate Committee**

Mailing Address P.O. Box 332

City Richmond State IN Zip Code 47375

Purpose of Disbursement  
, STATE SENATE IN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 5270309**

Amount of Each Disbursement this Period

, STATE SENATE IN

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Bob Heaton for State Representative Committee**

Mailing Address P.O. Box 9629

City State Zip Code  
Terre Haute IN 47808

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 5270310**

Amount of Each Disbursement this Period

, STATE HOUSE IN

Full Name (Last, First, Middle Initial)

**B. Matt Lehman for State Representative**

Mailing Address 663 Lehman Street

City State Zip Code  
Berne IN 46711

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 5270311**

Amount of Each Disbursement this Period

, STATE HOUSE IN

Full Name (Last, First, Middle Initial)

**C. Elect Kevin Mahan State Representative**

Mailing Address 305 E. Fairlane Drive

City State Zip Code  
Hartford City IN 47348

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 5270312**

Amount of Each Disbursement this Period

, STATE HOUSE IN

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Torr for Representative Committee**

Mailing Address 11944 Etsy Way

City Carmel State IN Zip Code 46033

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2013

**Transaction ID : 5270313**

Amount of Each Disbursement this Period

500.00

, STATE HOUSE IN

Full Name (Last, First, Middle Initial)

**B. VoteCarbaugh.com**

Mailing Address 7928 Claridge Place

City Fort Wayne State IN Zip Code 46825

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2013

**Transaction ID : 5270336**

Amount of Each Disbursement this Period

500.00

, STATE HOUSE IN

Full Name (Last, First, Middle Initial)

**C. The Mayfield Group**

Mailing Address 50 South Madison Street

City Mooresville State IN Zip Code 46158

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2013

**Transaction ID : 5270338**

Amount of Each Disbursement this Period

500.00

, STATE HOUSE IN

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Tim Manchin**

Mailing Address 1543 Fairmont Ave

City Fairmont State WV Zip Code 265547

Purpose of Disbursement  
, STATE HOUSE WV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: WV District: 00

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 5270342**

Amount of Each Disbursement this Period

, STATE HOUSE WV

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶